

UNITED STATES BANKRUPTCY COURT
DISTRICT OF OREGON

In re _____) Case No. _____
)
) NOTICE OF DEBTOR'S
 Debtor(s)) AMENDMENT OF MAILING MATRIX
) OR SCHEDULES D, E, F, G OR H

I. FILING INSTRUCTIONS FOR DEBTOR(S):

- A. File this form to add or delete creditors from the mailing matrix and/or Schedules D, E, F, G or H, or change the amount or classification of a debt listed on schedules D, E, or F. An amendment [filing fee](#) is required.
- B. If filing in paper, you must also include a creditor mailing matrix with ONLY the NEW or DELETED creditors listed in the format set forth on [LBF #104](#). Be sure to label each set of changes (i.e., "Add", "Delete", etc.).
- C. If amending Schedules D, E, F, G or H, label them as "Supplemental" and include ONLY the NEW information, and file them with this notice.
- D. If amending Schedules D, E, or F, you must also file an updated Summary of Schedules ([Official Form #B6](#)), including page 2 if an individual.
- E. If the case is closed, you must also file a separate Motion to Reopen with the applicable [filing fee](#).
- F. To file an address change for a previously listed creditor, use [LBF #101](#) instead of this form.

II. SERVICE INSTRUCTIONS FOR DEBTOR(S):

- A. **When adding creditors:** Serve each new creditor with a copy of this notice, and a copy of any of the following documents that have already been filed in this case:
 1. **(All chapters)** The Notice of the Meeting of Creditors that includes **all 9 digits** of any Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
 2. **(All chapters)** Each applicable amended schedule.
 3. **(All chapters)** When the time for filing a timely proof of claim or complaint under 11 USC §523(c) or §727 has expired, a separate notification that adding the creditor may not result in discharge of the debt. [Note: You must create this notification.]
 4. **(Chapter 7 or 11)** Any order, and any supplemental order, fixing time for filing a proof of claim form.
 5. **(Chapter 9, 11, 12, or 13)** (a) The notice of any pending confirmation hearing, all related documents required to be sent with that notice and, in a Chapter 13 case, the most recent proposed plan; or (b) the most recent confirmation order, the most recent confirmed plan, and, if a confirmed Chapter 11 plan, the approved disclosure statement related to the confirmed plan.
 6. **(Chapter 11, 12 or 13)** Any notice of modification of plan, including attachments, if time for objection has not expired.
 7. **(Chapter 9 or 11 only)** The names and addresses of the Chairperson and any attorney for each official Committee of Creditors or Equity Security Holders.
 8. **(Chapter 9 or 11)** The notice of any pending hearing on a proposed disclosure statement, with attachments.
- B. **When deleting creditors, changing a creditor status (e.g., nondisputed to disputed), or reducing a creditor's claim:** Serve each affected creditor with a copy of this notice, the applicable amended schedule(s), and the following:
 1. **(All chapters)** A notice to each deleted creditor that: (a) the creditor is being deleted and will not receive further notices unless the creditor files a written request with the court that includes the debtor's name, full case number, and the creditor's name and mailing address; and (b) if time has been fixed to file a proof of claim, the creditor should contact his/her attorney with any claims questions.
 2. **(Chapter 9 or 11)** A notice to each affected creditor that a proof of claim must be filed by the later of either (a) 30 days from the service date of this notice, or (b) the latest time fixed by the court.

III. CERTIFICATE OF COMPLIANCE:

The undersigned, who is the debtor or debtor's attorney, certifies that: (A) all applicable requirements above have been completed; AND (B) the attachments are true and correct [or were individually verified by the debtor(s)], with copies served on any trustee and, except in Chapter 13 cases, the U.S. Trustee.

Dated: _____

Signature_____
Type or Print Signer's Name **AND** Phone No._____
Debtor's Address & Taxpayer ID#(s) (last 4 digits)

**United States Bankruptcy Court
District of Oregon**

IN RE:Case No. 10-42149-rld13Kinnersley, Daniel LeeChapter 13

Debtor(s)

AMENDED SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 291,500.00		
B - Personal Property	Yes	3	\$ 65,844.45		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	3		\$ 397,038.44	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 910.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	13		\$ 144,414.89	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	3			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 7,700.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 7,500.20
TOTAL		31	\$ 357,344.45	\$ 542,363.33	

**United States Bankruptcy Court
District of Oregon**

IN RE:Case No. 10-42149-rld13Kinnersley, Daniel LeeChapter 13

Debtor(s)

AMENDED STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 910.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 910.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 7,700.00
Average Expenses (from Schedule J, Line 18)	\$ 7,500.20
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 3,178.63

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 95,538.44
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 910.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 144,414.89
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 239,953.33

IN RE **Kinnersley, Daniel Lee**Case No. **10-42149-rld13**

Adding Creditors to Case

Debtor(s)

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 364S Itupside, Inc. 8345 SW Nyberg Street Tualatin, OR 97062-9462	X	Business Debt				3,726.50
ACCOUNT NO. Clear Connect 10452 NW 2nd Portland, OR 97231		Assignee or other notification for: Itupside, Inc.				
ACCOUNT NO.						
ACCOUNT NO.						

_____ continuation sheets attached

Subtotal
(Total of this page) \$ **3,726.50**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$ **3,726.50**

Clear Connect
10452 NW 2nd
Portland, OR 97231

Itupside, Inc.
8345 SW Nyberg Street
Tualatin, OR 97062-9462